

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 03/06/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 03/07/2006						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	25	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	9	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	34	34	0
3404904	WESTERN HIGHLAN DS LME	8505	3172	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	128	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	3511	8237	4726
		8621	68	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404910	PATHWAYS	8505	1710	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	286	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	2483	5611	3127
		8534	203	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	618	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	34	CLIENT NOT ELIGIBLE ON SERVICE DATE	32	735	1831	1096
		8931	17	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	8599	51	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	14	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	7	90	261	171
		143	10	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404916	CROSSROADS BEHA VIOAL HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404917	CENTERPOINT HUM AN SERVICES	11	452	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		79	393	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	17	1027	3583	2556
		8599	84	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	122	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	43	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	51	261	4411	4150
		9404	33	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404920	ALAMANCE CASWEL L AREA MH D	8505	3635	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	762	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	58	6203	11232	5029
		8518	457	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404921	ORANGE PERSON C HATHAM AREA	8505	2605	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	351	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	26	3425	6421	2996
		8800	83	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404922	THE DURHAM CENT ER	8505	556	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	173	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	1041	2188	1147
		8535	152	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404923	FIVE COUNTY MH	21	680	DUPLICATE OF CLAIM-SYSTEM				
		8599	256	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	1299	10061	8762
		11	140	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1407	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	466	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	116	3616	7764	4148
		21	453	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	276	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	94	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	465	5199	4734
		191	48	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

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3404927	CUMBERLAND CO M HC	8505	847	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	159	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1390	3528	2138
		11	98	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	193	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	48	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	67	326	4173	3847
		10	20	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC BILLING OF	21	590	DUPLICATE OF CLAIM-SYSTEM				
		8518	445	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	109	1878	17085	15207
		8599	218	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	696	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	180	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	33	1017	5838	4821
		8621	25	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404934	ONSLow CARTERET BEHAV HEAL	8599	215	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	211	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	744	2768	2024
		120	104	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	500	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	226	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	749	1999	1250
		11	11	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404937	EDGEcombe NASH MNTL HLTH C	8518	771	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	131	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	964	2713	1749
		21	42	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8505	78	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	155	1825	1670
		21	35	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S AS CENTER	8599	145	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	40	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	2	257	2254	1997
		27	28	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	25	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	14	DUPLICATE OF CLAIM-SYSTEM	1	72	1550	1478
		11	13	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404943	ALBEMARLE MENTA L HEALTH CE	8931	52	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		79	32	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	73	171	1617	1446
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	79	954	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	540	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	44	2111	4344	2233
		8536	111	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	540	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	534	CLIENT NOT ELIGIBLE ON SERVICE DATE	164	2731	13929	11198
		21	418	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TMC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8599	286	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	70	CLAIM DENIED, SUBMITTED BEYOND	62	520	10161	9641
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR EOS (JULY 1 - JUNE				
		79	51	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404979	NEW RIVER AREAM	8505	2988	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	391	FURTHER PROCESSING NECESSARY,	3	3622	3918	296
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	192	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				